

Rec'd
C# 317981
12/15/20
MM

TOWN OF PLAINFIELD ZONING AND BUILDING PERMIT APPLICATION



Property Owner:

Name: Phone:

Street: Email:

City State Zip:

Project: **Permit Type:** (Check one) Building Zoning

Street Address:

Tax Map: Lot Number: Lot Acreage: Zoning District:

Proposed project distances to property lines (in feet): Front: Rear: Side: Side:

State Approved Septic Design #: Driveway Permit #:

Please provide a written description of the project including appropriate dimensions:

Contractor Information:

Builder:	Electrician:	Plumber:
Name: <input type="text" value="KUA Staff Carpenters"/>	Name: <input type="text" value="KUA Staff Electrician"/>	Name: <input type="text" value="KUA Staff Plumber"/>
Phone: <input type="text" value="603-469-2151"/>	Phone: <input type="text" value="603-469-2151"/>	Phone: <input type="text" value="603-469-2151"/>

Applicant Signature:  Date:

Required Attachments:

Please provide a copy of plans detailing the project. Hand-drawn plans can be used if necessary. Permits cannot be issued without receipt of the proper fee. If you are unsure of the amount due or have any questions about your application, contact the town office (603-469-3201).

TOWN USE: Current Use: Yes / ~~No~~ ZBA: Yes / ~~No~~ PB: Yes / ~~No~~

BOARD OF SELECTMEN ACTION

Approved Denied

Permit #: Date:

Reviewed By Building Inspector or Zoning Administrator: 



DATE:

Permit Status (Permit or Renewal valid for one year from issue date)
Must be renewed within 30 days of expiration or a new permit must be applied for.

Permit #

Issued:

RENEWAL REQUIRED BY:

NO INSPECTION REQUESTED

LAST INSPECTION:

YOUR PERMIT REQUIRED INSPECTIONS PER INSPECTION GUIDELINES.

RETURN THIS FORM WITH RENEWAL FEE TO TOWN HALL.

A CERTIFICATE OF OCCUPANCY WAS REQUIRED PRIOR TO OCCUPYIING YOUR HOUSE

A CERTIFICATE OF COMPLETION WAS REQUIRED

NAME:

ADDRESS:

MAP:

LOT:

ADDRESS:

David H Lersch
Plainfield Building Inspector

603-381-1929

cc. Town files

